

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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DATE OF DEPOSIT \_\_June 23, 1998

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| <u>Lisa Etheridge</u><br>(Sender's printed name) | (Signature) |
|--------------------------------------------------|-------------|
|                                                  |             |

Box Patent Application Assistant Commissioner for Patents Washington, D.C. 20231

Enclosed for filing is the patent application of:

Inventor: John F. Acres

For:

METHOD AND APPARATUS FOR IMPLEMENTING IN VIDEO A SECONDARY GAME RESPONSIVE TO PLAYER

INTERACTION WITH A PRIMARY GAME

## Enclosures:

| [x] | Specification (pages 1-21); claims (pgs 22 -28); abstract (pg 29) |  |  |  |  |  |  |
|-----|-------------------------------------------------------------------|--|--|--|--|--|--|
| [x] | 5 sheet(s) of informal drawings                                   |  |  |  |  |  |  |
| []  | Combined Declaration and Power of Attorney                        |  |  |  |  |  |  |
| [x] | Declaration                                                       |  |  |  |  |  |  |
| [x] |                                                                   |  |  |  |  |  |  |
|     | Revocation of Prior Powers                                        |  |  |  |  |  |  |
| [x] | Assignment with cover sheet                                       |  |  |  |  |  |  |
| []  | A certified copy of a application                                 |  |  |  |  |  |  |
| []  | Associate Power of Attorney                                       |  |  |  |  |  |  |
| []  | Disclosure Statement                                              |  |  |  |  |  |  |
| []  | Copies of references listed on attached Form PTO-1449             |  |  |  |  |  |  |

## **CLAIMS AS FILED**

| For                                    | Numb<br>Filed | er     | Number<br>Extra |   | BasicFee<br>Rate | 9 | \$         | 790.00 |
|----------------------------------------|---------------|--------|-----------------|---|------------------|---|------------|--------|
| Total Claims                           | 32            | - 20 = | 12              | x | \$ 22.00         | = | \$         | 264.00 |
| Independent Clair                      | ns 4          | - 3 =  | 1               | x | \$ 82.00         | = | \$         | 82.00  |
| Multiple Dependent Claim Fee \$270.0 = |               |        |                 |   |                  |   | \$         | -0-    |
| TOTAL FILING FEE                       |               |        |                 |   |                  |   | \$1,136.00 |        |

- [x] A check in the amount of \$1,136.00 to cover [x] filing fee and [x] assignment recordal fee (\$40) is enclosed.
- [x] Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.

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